BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM								SERIAL NO. / S39929 FILING DATE APPLICANT(S,)							
FEE CALC*** ATION SHEET								10/339929							
(FOR USE (H FORM PTO-875)									APPLICANT(S,						
-		<u> </u>	7-				CLAIM	<u> </u>			————				
 			A E	rep :	A Toy		10								
	AS FILED		AFTER 1"AMENDMENT		AFTER 2 MAMENDMENT				AS FILED		AFTER		AFTER 2 MAMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.			
1			1	DEL	1112.	D D.		51	IIID.	DEI.	MVD.	DEP.	IND.	DEP.	
2			7					52							
3								53			·				
5		6	-					54 55				· ·			
6		8						56							
7		9		\sum_{i}				57							
8								58							
10				$\overline{}$				59 60							
11								61					· · · · · · · · · · · · · · · · · · ·		
12				1				62							
13				<u> </u>				63							
14 15							A	64 65							
16				,				66							
17								67			_				
18 19								68							
20								69 70	-:						
21								71							
22								72							
23								73							
25								74 75							
26						*		76							
27								77							
28 29	•					•		78 79							
30								80							
31							[81							
32								82							
33 34							•	83 84							
35	-	· ·					· •	85					`		
36							Ī	86							
37								87							
38							ŀ	88 89							
40							ŀ	90							
41							İ	91					$\overline{}$		
42							1	92			I				
43		·					ł	93 94							
45							f	95							
46							Ţ	96							
47								97							
48								98 99							
50								100				1			
TOTAL IND.	2	4	4	4		#		TOTAL IND.		#		4		4	
TOTAL DEP	9	<u>+</u>	6	←		4		TOTAL DEP		<u> </u>		4		4	
TOTAL CLAIMS	11		10					TOTAL CLAIMS							
P'ŢO - 1360	(REV. 11/04)			-						U.S. DEPART					